In response to the ongoing COVID-19 pandemic, the leadership of AADPRT and ADMSEP have reviewed the concerns of key stakeholders and compiled the following recommendations for our trainees, faculty advisors involved in Undergraduate Medical Education, and psychiatry residency program and fellowship directors overseeing Graduate Medical Education. We have reviewed and appreciate the recommendations from the Coalition for Physician Accountability, which may also release additional guidance. Our support for the following recommendations is intended to prioritize the safety of our trainees and communities and to support a fair and equitable process for all.

Psychiatry-specific recommended standards as of June 11, 2021

Interviews for psychiatric residencies and fellowships for the 2021-2022 recruitment cycle will be virtual. We expect all programs to comply with this recommendation and we will re-evaluate for future cycles. This includes local applicants as well. Many other disciplines such as Pediatrics and Obstetrics and Gynecology have released statements on their plans to only utilize virtual methods.

For Programs

- We expect that all residency and fellowship training directors will follow the recommendations set by the AAMC and the Coalition for Physician Accountability to provide away rotations preferentially to those individuals who do not have access to clinical experiences in a psychiatry residency program in their home institution. Students are not expected to do away rotations and if they choose to do so, a maximum of one away rotation should be secured.

- We recommend that faculty advisors work closely with students and encourage them to use the “Apply Smart” data and reference A Roadmap to Psychiatric Residency (updated version to be released summer 2021) when considering the number of residency programs trainees should apply to.

- We support the holistic review of applications and recognize students may have experienced non-traditional rotations during the pandemic. We recommend programs require only one psychiatry-specific letter among the letters of recommendation submitted. We recommend that programs do not require Step 2 results to be completed at the time of the initial application review.
We recommend that programs are as transparent as possible in the interview process. For instance, program website and social media would list dates of application deadline, release dates of interview offers, and specific interview days. The anticipated structure of the interview day (e.g. number of interviews and length) can be outlined and posted publicly.

We recommend that programs not offer more interviews than interview spots. Release of interview offers should be done as late in the day to minimize disruptions to clinical learning and allow applicants 72 hours to respond before releasing the interview offer.

Post-interview communication should be avoided, except for the provision of significant updates (e.g., an additional publication since interviewing), asking/responding to specific necessary questions, or basic thank you notes. We will continue to follow the NRMP Match Communication Code of Conduct despite the virtual platform.

The Interview day itself should all take place on one day, not spread across multiple days (exception would be if technology fails and rescheduling is truly needed), and no applicant interaction should be recorded.

It is reasonable to offer optional and nonbinding “open houses” prior to the interview season process. Programs should not take attendance and ensure applicants know that these are not mandatory. All true open houses and multiprogram residency fairs should conclude by September 29, 2021. We recognize that some programs may choose to have only a few larger evening virtual gatherings instead of the classic dinner before or on the interview day. Should a program choose to do this given the reduced student exposure that may have occurred with the pandemic, attendance should not be taken, and an absence should not be considered by programs when ranking candidates. We recognize that with this deviation there may be scheduling conflicts and tension, and urge programs to keep all events applicants are expected to attend as part of the formal interview process on one day for each applicant.

We are still exploring if in-person “second looks” will be permitted this season, pending additional information from the scientific community and balancing this with maintaining the most equitable option.

We strongly recommend no “swag.” If programs plan to mail hard copies of materials it should not include anything of value, which includes gift cards for food.

For Applicants

Data from NRMP reflect the probability of matching plateaus at >95% after 14 ranked programs for allopathic applicants. Applicants should discuss their
individual circumstances with their psychiatry advisors prior to submitting applications and during the interview season.

- While we recognize that individuals may have unique circumstances, we generally recommend that applicants interview at 15 or less programs. Interview offers above this number should be declined by student, so other applicants have opportunities to interview. Similarly, this will prevent programs from unnecessarily re-reviewing applications of those who do not plan to interview.

- If cancellations are necessary, applicants should notify the program as soon as possible and at least 5 business days in advance.

- As stated above, students should only participate in one away rotation, if at all as this is not a necessary component of applying to psychiatric residency.

Conclusion

The above recommended standards are put forth to provide the best interview season possible and ensure a fair and equitable process.